

Please call 1-800-683-1074 to participate. Once you've enrolled in copay assistance and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be \$0\*.

## Priority Health 2025 Specialty Drug Savings Benefit Medication List

Effective January 1, 2025

The specialty medications included in the Specialty Drug Savings medication list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. By enrolling in the available manufacturer assistance program and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be \$0\***. Specialty medications will be filled through your approved specialty pharmacy.

### A

Acthar  
Actimmune  
Adalimumab-adaz  
Adalimumab-adbm\*\*  
Adbry  
Adynovate  
Afstyla  
Akeega  
Alecensa  
Alprolix  
Altuviiiio  
Alunbrig  
Arcalyst  
Austedo  
Avonex

### B

Benlysta  
Berinert  
Betaseron  
Bimzelx  
Bosulif  
Braftovi  
Bronchitol  
Brukinsa

### C

Cabometyx  
Calquence  
Camzyos  
Carbaglu  
Cerdelga  
Cholbam  
Cimzia  
Cosentyx  
Cystadrops

### D

Daybue

Dupixent

### E

Eloctate  
Enbrel  
Enspryng  
Erivedge  
Erleada  
Esperoct

### F

Feiba NF  
Filspari  
Fintepla  
Firdapse  
Fruzaqla  
Fulphila

### G

Galafold  
Gattex  
Gilotrif  
Glatopa  
Gocovri

### H

Haegarda  
Hemlibra  
Humate-P

### I

Ibrance  
Iclusig  
Idelvion  
Imbruvica  
Increlex  
Ingrezza  
Inlyta  
Ixinity

### J

Jakafi

Jaypirca

Joenja  
Juxtapid  
Jynarque

### K

Kalbitor  
Kalydeco  
Kesimpta  
Keveyis  
Kevzara  
Kineret  
Kisqali  
Kitabis  
Koselugo  
Kovaltry  
Krazati

### L

Lenvima  
Lonsurf  
Lorbrena  
Lumakras  
Lumryz  
Lupkynis  
Lynparza  
Lytgobi

### M

Mekinst  
Mektovi  
Myalept

### N

Nerlynx  
Ninlaro  
Nityr  
Nivestym  
Nourianz  
Novoeight  
Novoseven RT

Nuplazid

Nuwiq  
Nyvepria

### O

Ocaliva  
Ogsiveo  
Ojemda  
Ojjaara  
Olumiant  
Omnitrope  
Onureg  
Opfolda  
Orencia\*\*\*  
Orfadin  
Orgovyx  
Orladeyo  
Orserdu  
Otezla  
Oxbryta  
Oxervate

### P

Palynziq  
Panhematin  
Piqray  
Plegridy  
Procysbi  
Promacta  
Pulmozyme  
Pyrukynd

### R

Radicava  
Ravicti  
Rebif  
Rebinyn  
Recombinate  
Retevmo  
Revcovi  
Revlimid

Rezlidhia

Rinvoq  
Rydapt  
Rystiggo

### S

Serostim  
Sevenfact  
Signifor  
Siliq  
Simlandi  
Simponi  
Skyclarys  
Skyrizi  
sodium oxybate  
Sohonos  
Somatuline Depot  
Somavert  
Sotyktu  
Sprycel  
Stelara  
Stivarga  
Strensiq  
Sucraid  
Symdeko

### T

Tafinlar  
Tagrisso  
Takhzyro  
Taltz  
Tasigna  
Tavalisse  
Tavneos  
Tazverik  
Tegsedi  
Thiola  
Tracleer  
Tremfya  
Tretten

\* Final responsibility may be higher based on specific manufacturer copay assistance program funding. In the event financial responsibility is greater than \$0, your plan administrator will pay the remaining amount to ensure you receive your medications for \$0.

\*\*Quallent products not included.

\*\*\*Subcutaneous only.

Trikafta  
Truqap  
Tukysa  
Tyenne  
Tymlos  
Tyvaso

## U

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Udenyca

## V

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Valchlor  
Vanflyta  
Venclexta  
Verzenio  
Vioice  
Vistogard  
Vonjo  
Vonvendi

Vosevi  
Vowst  
Voxzogo  
Voydeya  
Vyndamax  
Vyndaqel

## W

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Wakix  
Welireg

Wilate

## X

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Xeljanz  
Xermelo  
Xolair  
Xolremdi  
Xospata  
Xphozah  
Xtandi

Xyntha

## Z

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Zarxio  
Zejula  
Zelboraf  
Zeposia  
Ziextenzo  
Ztalmy

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